# Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No. 1545-1150

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▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Form **990-EZ** (2016)

~	For the	2016 calenda	ar year, or tax year beginning 01/01 , 201	6, and ending	<u></u>	12/31	, 20	16
В	Check if ap	oplicable:	C Name of organization		D Emp	loyer ident	ification number	
	Address c	change	WILD TOMORROW FUND			47-2	756880	
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telep	ohone numl	oer	
H	Initial retu		413 W 48th st 3F			917-9	52-3922	
H	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exemp	tion	
H	Amended		New York, NY, 10036			nber ▶		
G		ting Method:			H Check	▶ V if th	e organization is	not
	Website		wildtomorrowfund.org	'			n Schedule B	, 1101
			ck only one) — ✓ 501(c)(3)	or			Z, or 990-PF).	
_			✓ Corporation ☐ Trust ☐ Association ☐ Other	01	(, 0,,,,,		_, c. ccc ,.	
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o	r more or if to	tal assets			
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ ¢	140	027
_	art I		e, Expenses, and Changes in Net Assets or Fund Balar			ctions fo		,921
-	arti		the organization used Schedule O to respond to any question					V
_	1		ons, gifts, grants, and similar amounts received			1		,927
	2		ervice revenue including government fees and contracts			2	140	
	3	-	ip dues and assessments			3		0
	4	Investment	•			4		0
						-		0
	5a		unt from sale of assets other than inventory 5a or other basis and sales expenses 5t		0	-		
	b				0			_
	6 6		ss) from sale of assets other than inventory (Subtract line 5b from d fundraising events	i iirie baj .		5c		0
ne	а		ome from gaming (attach Schedule G if greater than	ı	0			
Revenue	b	Gross inco	me from fundraising events (not including \$ 0	of contributi	ons			
è			aising events reported on line 1) (attach Schedule G if the	-				
_			h gross income and contributions exceeds \$15,000)   61	<b>,</b>	0			
	С	Less: direc	t expenses from gaming and fundraising events 60	;	0			
	d		e or (loss) from gaming and fundraising events (add lines 6a a	nd 6b and s	subtract			
		line 6c) .				6d		0
	7a	Gross sale	s of inventory, less returns and allowances	ı	0			
	b		of goods sold	,	0			
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		0
	8		nue (describe in Schedule O)			8		0
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	140	,927
	10		I similar amounts paid (list in Schedule O)			10		0
	11		aid to or for members			11		0
ģ	12	•	ther compensation, and employee benefits			12		0
Expenses	13		al fees and other payments to independent contractors			13		0
e De	. 14		/, rent, utilities, and maintenance			14		0
X	15		ublications, postage, and shipping			15	2	,679
	16		enses (describe in Schedule O)			16		,077
	17	Total expe	enses. Add lines 10 through 16			17		,756
	40		deficit) for the year (Subtract line 17 from line 9)			18		,171
ets	19		or fund balances at beginning of year (from line 27, column (A				31,	
\ss			r figure reported on prior year's return)			19	າາ	,901
Net Assets	20		iges in net assets or fund balances (explain in Schedule O)			20	22,	0
ž	21		or fund balances at end of year. Combine lines 18 through 20			21	74	,072

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Pa	Balance Sheets (see the instructions f	,				
	Check if the organization used Schedule	O to respond to ar	•			
00	Cook assisses and inscrete auto		-	(A) Beginning of year	00	(B) End of year
22	Cash, savings, and investments			16,135	23	65,962
23 24	Land and buildings			6,766	-	0 110
24 25	Other assets (describe in Schedule O) Total assets			22,901	_	8,110
26	Total liabilities (describe in Schedule O)				26	74,072 0
27	Net assets or fund balances (line 27 of column			22,901		74,072
	t III Statement of Program Service Accom	· ,     · ·			21	74,072
	Check if the organization used Schedule	•		•		Expenses
What		See Schedule O, Sta	• •		,	quired for section
	ribe the organization's program service accomplis	-		rogram convices		(c)(3) and 501(c)(4) anizations; optional for
as m	neasured by expenses. In a clear and concise money benefited, and other relevant information for ea	anner, describe the			othe	
28	Wildlife Protection - support for private and governm	<u> </u>	ng essential supplie	s and		
	equipment for rangers, anti-poaching teams and con					
	protection activities including elephant and wild dog					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ 🗌	<b>28</b> a	44,903
29	Public Education - outreach and awareness raising t	hrough public events	and community sup	port programs		
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ □	<b>29</b> a	2,562
30	Habitat Conservation Program - protection of land to	increase habitat for	wildlife			
		includes foreign gra			30a	3,244
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	, , ,
	T-1-1 (1-1     00-1	.l				
	Total program service expenses (add lines 28a t				32	55/25.
32 Par	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com	oensated—see the i	nstru	ctions for Part IV)
		CEmployees (list each O to respond to ar	one even if not comp ny question in this	pensated-see the i	nstru	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	r Employees (list each O to respond to ar (b) Average	one even if not comp ny question in this (c) Reportable compensation	pensated—see the in Part IV	nstru	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key	CEmployees (list each O to respond to ar	one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the interpretation of the int	nstru	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title	O to respond to ar  (b) Average hours per week devoted to position	one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru ree (e)	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title	O to respond to ar  (b) Average hours per week	one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru	ctions for Part IV)
Johr Four	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  1 Steward Indeer and Executive Director	O to respond to ar  (b) Average hours per week devoted to position	one even if not comply question in this  (c) Reportable compensation  (Forms W-2/1099-MISC)  (if not paid, enter -0-)	pensated—see the interpretation of the part IV	nstru  ree (e)	ctions for Part IV)
Johr Four Wen	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  1 Steward Index and Executive Director Index dy Hapgood	O to respond to ar  (b) Average hours per week devoted to position	one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the interpretation of the part IV	nstru ree (e)	ctions for Part IV)
Johr Four Wen Direct	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  a Steward  ander and Executive Director  dy Hapgood  ctor	O to respond to ar  (b) Average hours per week devoted to position	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the incommendation of the part IV	nstru 	ctions for Part IV)
John Four Wen Direc Katy	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  1 Steward 1 Index and Executive Director	O to respond to ar  (b) Average hours per week devoted to position	one even if not comply question in this  (c) Reportable compensation  (Forms W-2/1099-MISC)  (if not paid, enter -0-)	pensated—see the incommendation of the part IV	nstru  ree (e)	ctions for Part IV)
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Form 990-EZ (2016)

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne .	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i>	35a 35b		/
c b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>/</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots$	36		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	Joa		
39	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed ► NY			
42a		917-78	3-8463	3
<b>L</b>	Located at ► 413 W 48th St 3F, New York, NY 10036 ZIP + 4 ►	100	036	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. )	<b>▶</b> □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>/</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>\</b>
45-	explanation in Schedule O	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
	Form 990-EZ (see instructions)	45b		/

Page 3

Form 99	U-EZ (20	0110)							P	age -
									Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c						40		
Part \		Section 501(c)(3) organizations		, Pari			•	46		~
ı aıt		All section 501(c)(3) organizations		stions 47–49b an	d 52. and	complete f	the tab	les f	or line	es
		50 and 51.	4		,					
		Check if the organization used Sch	nedule O to respond	to any question in	n this Part	VI				
		<u> </u>							Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ct during th	ie tax	47		~
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," complet	e Schedule	èΕ		48		~
49a	Did th	ne organization make any transfers to	an exempt non-cha	ritable related orga	nization? .			49a		~
b		s," was the related organization a se						49b		
50		olete this table for the organization's								d key
	empi	oyees) who each received more than	\$100,000 of comper	isation from the org			one, ent	er "N	one."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	ealth benefits, ions to employe ans, and deferre npensation			d amou pensati	
Nama					COI					
None										
							_			
51	Comp \$100,	number of other employees paid over plete this table for the organization's 000 of compensation from the organ Name and business address of each independ	s five highest compenization. If there is no	ensated independe			ch rece			thar
	,			(1) )						
None										
				1						
	<del></del>			<b>A</b> 100.000						
d 52		number of other independent contra	=		. <b>&gt;</b>					
32		he organization complete Schedu leted Schedule A	ie A? Note: All Se		_	inust atta		Yes		No.
Under ne		of perjury, I declare that I have examined this re	eturn including accompan			the best of my				
		d complete. Declaration of preparer (other than						go aa	50,	
		<b>\</b>								
Sign		Signature of officer				Date	_			
Here		Wendy Hapgood, Treasurer Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	□ if F	PTIN		
Paid Prepa	arer					self-em				
Use (		Firm's name ▶				Firm's EIN ▶				
		Firm's address ▶				Phone no.				
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions			. ▶ 🗆	Yes	N	lo

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(B)

(C)

(D)

(E)
Total

Employer identification number Name of the organization WILD TOMORROW FUND 47-2756880 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 **(e)** 2016 (f) Total Gifts, grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 % Public support percentage from 2015 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			,  -	1	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				42,481	140,927	183,408
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	0	0	0	42,481	140,927	183,408
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						183,408
Secti	on B. Total Support						,
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	0	0	0	42,481	140,927	183,408
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	42,481	140,927	183,408
14	First five years. If the Form 990 is for the	_					
	organization, check this box and stop he	•					. , . ,
Secti	on C. Computation of Public Suppor	rt Percentage	е				
15	Public support percentage for 2016 (line 8					15	%
16	Public support percentage from 2015 Sch					16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2016 (		. ,	•		17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests—2016. If the organ						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box	_	_	-		_	_
b	33 <sup>1</sup> / <sub>3</sub> % support tests – 2015. If the organize line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this l						
20	<b>Private foundation.</b> If the organization di	_	=	=	· · ·		_
20	i iivate iouiiuatioii. Ii tile organization di	u noi check a l	DOX OH HITE 14.	. ıəa. UI 19D. C	MICON LINS DOX	ฉบน จะะ แรงแน	CUUIO 🚩 📗

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

			Yes	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		res	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status	1		
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	0		
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
O	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
b	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
С	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	100		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
	determine whether the organization had excess husiness holdings)	406		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			I
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the expenientian expects for the handit of any supported expenientian other than the supported	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u> </u>
Occur	on or Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	struct	ions).
•	Activities Test Anguar (a) and (b) below		Vaa	No
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y in	tegrated Type III supporti	ng organization (see
instructions).			•

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions	,	,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>		<b>/</b>
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u>i</u> _	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2017</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	E ( 0040			
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

**Employer identification number** Name of the organization WILD TOMORROW FUND 47-2756880 Form 990-EZ, Part I, Line 16 - Other Expenses Wildlife Protection \$44,903 Office Supplies \$1734 Office Equipment \$1225 Website \$645 Bank Charges \$1930 Transportation \$2010 Uniforms \$377 Education \$25 Meals \$145 Telephone \$84 Accounting \$44 Registration \$50 Insurance \$27 Fundraising \$10,520 Public education \$2,562 Habitat Conservation \$3,244 Conservation Research \$17,552 Form 990-EZ, Part II, Line 24 - Wildlife Protection Equipment not yet depreciated \$8,110

Schedule O, Statement 1 WILD TOMORROW FUND

Form: **Form 990-EZ (2016)** EIN: **47-2756880** 

Page: 2 Part III

#### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

The protection of threatened and endangered wildlife and the habitats they depend on for survival. We want to ensure that the world that comes after us is a world in which a wild tomorrow is possible. We work on the ground in Southern Africa. Our vision is for a world in which wildlife habitats are expanded and protected, and where existing reserves have the resources needed to keep their animals safe.

Schedule O, Statement 2 WILD TOMORROW FUND

Form: **Form 990-EZ (2016)** EIN: **47-2756880** 

Page: 2 Part III, Line 31

Other Program Service Accomplishments						
Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses			
Conservation Research - scientific field research on threatened species native to South Africa including the spotted hyena and the suni antelope, plus wild lion management.	0		17,552			

17,552

Total: